

LEGAL CORVIS
PART B - FEE(S) TRANSMITTAL

003

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AUG 20 2004

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Melinda Salin
Melinda Salin
8/20/04

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/618,071	07/14/2003	Michael L. Dennis	033337-0133	3615

TITLE OF INVENTION: METHOD AND SYSTEM FOR DISPERSION MAPS AND ENHANCED DISTRIBUTED GAIN EFFECT IN LONG HAUL TELECOMMUNICATIONS USING DISTRIBUTED AND REMOTELY PUMPED ERBIUM-BASED AMPLIFICATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	08/23/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
ULLAH, AKM E	2874		385-123000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. _____
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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

*Corvis Corporation**Columbia, MD*

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

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(Authorized Signature) <i>Michael L. Dennis</i>	(Date) 8/20/04
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08/23/2004 AWONDAF2 00000027 500477 10618071

01 FC:1501 1330.00 DA
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PTO/SB/21 (08-03)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

		Application Number	10/618,071
		Filing Date	July 14, 2003
		First Named Inventor	Michael L. Dennis
		Art Unit	2874
		Examiner Name	Akm E. Ullah
Total Number of Pages in This Submission	3	Attorney Docket Number	033337-0133

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> (Issue Fee) <input type="checkbox"/> Fee Transmittal Form x2 <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Remarks	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Corvis Corporation Michael C. Antone
Signature	
Date	August 20, 2004

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Typed or printed name	Melinda Salin
Signature	
	Date August 20, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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The Corvis logo, featuring the word "CORVIS" in a bold, sans-serif font with a stylized swoosh graphic above it.

**FACSIMILE
COVER SHEET**

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www.corvis.com

To:	Commissioner for Patents	From:	Michael C. Antone
Organization:	U.S. Patent and Trademark Office	Date:	August 20, 2004
Fax:	703-746-4000	Fax	443-259-4278
Phone:		Phone:	443-259-4150
Pages:	4 (including cover page)		
Re:	U.S. Application Serial Number 10/618,071		

CERTIFICATE OF TRANSMISSION (37 CFR 1.8)

Date of Transmission August 20, 2004

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2. Fee Transmittal (x2).

Signature: Melinda Salin

Typed or printed name: Melinda Salin

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